

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

FORM 2034 (01/2023)

Correctional Facility

NOTICE OF RELEASE OF INCARCERATED INDIVIDUALS PURSUANT TO CORRECTION LAW 149

NAME

NYSID

ALIASES

CRIME

DATE OF SENTENCE

TERM

COUNTY

COURT

JUDGE

DATE OF RECEPTION

DATE OF RELEASE

RESIDENCE PRIOR TO CONVICTION

FUTURE RESIDENCE

WILL BE SUBJECT TO PAROLE UNTIL

THIS SPACE FOR PHOTO

DATE OF BIRTH

HEIGHT

WEIGHT

EYES

HAIR

PLACE OF BIRTH

ETHNIC

RACE

SCARS, MARKS
AND TATTOOS

COMMENTS

NAME		DIN			
NYSID					
DATE REC.		COUNTY			
1. RIGHT THUMB	2. RIGHT FORE FINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER	
6. LEFT THUMB	7. LEFT FORE FINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER	
IMPRESSIONS TAKEN BY		DATE		CLASSIFIED BY	
				DATE	
INCARCERATED INDIVIDUAL'S SIGNATURE AND ADDRESS					
PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY				PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY	
LEFT HAND		THUMBS TAKEN TOGETHER		RIGHT HAND	